INSTRUCTIONS

Fee of \$500, to be remitted by check, postal or money order.

DO NOT SEND CURRENCY

STATE ATHLETIC COMMISSION OF NEVADA

APPLICATION FOR RENEWAL OF PROMOTER LICENSE

FOR OFFICE USE ONLY				
License No.	·			
Cash	M.O	Check		
Number				
Receipt Nur	mber			

	LEE: 1		
		DATE:	
To: THE STATE ATHLETIC COMMISSION OF The undersigned, having paid the fee of PROMOTER for the calendar year 2	five hundred dollars (\$500) a		makes application for a license as a
COMPANY NAME:			
ADDRESS:			
CITY:	STATE:	COUNTRY	ZIP CODE:
TELEPHONE NUMBER:		FAX	
E-MAIL ADDRESS:			
CONTACT PERSON:			
MATCHMAKER:			
	OFFICERS OR	_	
PRESIDENT:	ist name and address of		
VICE- PRESIDENT:			
SECRETARY:			
TREASURER:			
Do you have a Nevada Business Li	cense issued by the Nev	ada Secretary of State	? Yes [] No []
If yes, what is the number		? EIN or Social Securi	ity Number
Will your bonds be in effect for the	entire calendar year for v	which you are requesting	g a license? YES/ NO
3. Legal - Personal ar Or any other areas that change h (Attach additional sheets if necessal I hereby declare, under penalty of p	nation, Structure, etc. and Business ave occurred that the A ary.) erjury, that I have read to	athletic Commission sho	ould be advised or informed of? for a PROMOTER license, and
all the answers to the questions h answers are true of my knowledge, and agree that any misrepresentation this license.	that this license expires	of December 31 of the y	ear issued. Further, I understand
		Officer a	and Title

555 East Washington Ave. #3200 Las Vegas, NV 89101 Telephone (702) 486-2575 Fax: (702) 486-2577